

Specialization / Autism Spectrum Disorder

CLASS ENTERING 2015

TO BE SUBMITTED DURING THE SECOND TERM OF ENROLLMENT IN THE PROGRAM, PRIOR TO THE OPENING OF REGISTRATION FOR THE THIRD TERM OF ENROLLMENT

NAME _____ ANTICIPATED COMPLETION DATE _____

SEMESTER/YEAR

BC ID _____

| Course Number and Title | Credits | Summer | Fall | Spring | T/W* |
|---|-----------|--------|------|--------|------|
| Required Courses | | | | | |
| EDUC 6495 Human Development and Disabilities | 3 | | | | |
| EDUC 6496 Foundations of Autism Spectrum Disorder | 3 | | | | |
| EDUC 6497 Intervention for Students with Autism Spectrum Disorder | 3 | | | | |
| EDUC 6498 Autism Spectrum Disorder Field Experience** | 1 | | | | |
| Total Credits | 10 | | | | |

*Insert a T (transfer) or W (waiver) as appropriate. If seeking a transfer of credits, you must also fill out a "transfer request form" available online. If requesting a waiver, you must attach an official transcript to this form.

**The field experience can be waived if students have had significant direct experience with students with ASD. See program coordinator for details.

***Students cannot transfer credits to fulfill the requirements for this specialization.

ARE YOU CURRENTLY AN ENROLLED BOSTON COLLEGE MASTER'S OR DOCTORAL STUDENT? YES NO

STUDENT SIGNATURE _____ DATE _____

APPROVAL PROGRAM COORDINATOR YES NO _____
NAME SIGNATURE

ASSOCIATE DEAN OF GRADUATE STUDIES YES NO _____
SIGNATURE